BIBLIOGRAPHICAL NOTICES.

Art. XX.—*Transactions of State Medical Societies:*—

1. *Medical Communications of the Massachusetts Medical Society, at its Annual Meeting,* held May, 1862. 8vo. pp. 216, second series, Vol. VI., Part II. Boston, 1862.
2. *Medical Communications with the Proceedings of the Seventh Annual Convention of the Connecticut Medical Society,* held at Bridgeport, May 28 and 29, 1862. New series, Vol. I., No. 3. New Haven, 1862.

The initial paper in the present volume of communications made to the Massachusetts Medical Society—*on the topographical distribution and local origin of consumption in Massachusetts*—is from Dr. Henry I. Bowditch, of Boston. It is, confessedly, one of a deeply interesting character, and well deserving of a careful examination by every member of the profession. The truth of the two propositions laid down by the author, so far as the facts collected and arranged by him in the paper before us go, would seem to be established as to Massachusetts and the New England States generally. Should they be found to hold good in respect also to the other habitable portions of the globe, the communication of Dr. Bowditch cannot but be viewed as one of the most important of the recent contributions to pathology.

The propositions discussed by Dr. Bowditch are as follows:—

"*First.* A residence on or near a damp soil, whether that dampness be inherent in the soil itself, or caused by percolation from adjacent ponds, rivers, meadows, marshes, or springy soils, is one of the primal causes of consumption."

"*Second.* Consumption can be checked in its career, and possibly, nay probably, prevented in some instances, by attention to this law."

The evident increase in the prevalence of consumption throughout the greater portion of the United States, and the almost invariable destruction of life by which it is attended, renders everything which relates to the causes by which it is produced of the highest importance, inasmuch as a knowledge of its primary causes constitutes the only sure basis upon which a rational and certain prophylaxis of the disease is to be founded.

The etiology of pulmonary phthisis has heretofore proved a stumbling block in the way of every pathologist who has undertaken the investigation of the disease. Much of this, it appears to us, has arisen, in part, from imperfect observation in respect to the circumstances under which the disease has been found to prevail, and to the greatest extent; in part, also, from not properly distinguishing between the tubercular dyscrasy, and the diseases which occur in those individuals in whom such dyscrasy is present; the causes to which the one or the other owes its origin, and the phenomena and results proper to them respectively.

By whatever causes engendered, it is very evident that tuberculosis is a vice of nutrition. Cells, it is true, are regularly formed from the blood, but of such a character as to unfit them from undergoing the metamorphosis required to assimilate them with the tissues, for the building up or renewal of which they were destined. They remain, therefore, in the tissues as albuminoid deposits. These accumulate, more or less slowly, interfering by their presence and bulk with the functions of the organ in which they are present, and, undergoing a slow process of softening, bring about, finally, its entire destruction.

The course of tuberculosis is materially modified, when, from any cause, inflammation is excited in the organs which are its seat. Thus, in cases of simple tuberculosis of the lungs, we have a form of consumption, insidious in its approach, and progressing slowly towards a fatal termination—a true *phthisis* *pulmonalis*—a gradual wasting, a melting away, as it were, of the lungs and of the entire body; where death would seem to linger, as though loth to desert the emaciated frame. When, however, inflammation is set up in the tuberculized lung, we have then our more common form of consumption; which is often, apparently, sudden in its development, and always more or less rapid in its fatal course, sometimes so much so as to obtain for it the popular denomination of galloping consumption.

Extended series of statistics bearing upon the subject of the climatology of consumption, collected under circumstances well adapted to insure their entire accuracy, would appear to prove that the climate the least favourable to the production of tuberculosis, and especially of the lungs, is one that is dry, equable, and of a low rather than a high temperature.

We collected, some few years since, a very large number of statistics to illustrate the particular circumstances under which consumption was found most extensively to prevail, and the class of persons who constitute the majority of its victims. From a careful collation of these, we arrived at the conclusion that an indoor, sedentary, luxurious, and artificial life was the one by which most frequently consumption was engendered; while, on the other hand, an active life, spent chiefly in the open air, in healthy situations, followed by an adequate amount of sleep at night, in dry, clean, and well ventilated chambers, with a sufficient supply of appropriate nourishment and clothing, constituted the conditions which would most certainly guarantee against its occurrence.

The fact which has been lately established, that a very large number, if not the majority of the sailors belonging to the national marine of Great Britain, who die of disease, perish from tubercular consumption, would appear, at first sight, to invalidate the correctness of the above conclusion, but we believe it will be found to do so only in appearance when all the circumstances under which sailors, even those on board government vessels, are placed, are closely investigated. But, let this be as it may, it is unquestionably true—basing our conclusion upon the whole of the facts in our possession—that they who inhabit a dry, cool, equable climate, lead an active outdoor life, with sufficient intervals of rest, and are, at the same time, amply supplied with proper food and raiment, are those in whom consumption has been found to be, to say the least, a very rare disease.

In the communication which has suggested these remarks, Dr. Bowditch has adduced a chain of evidence which he believes will fully establish the fact that *soil moisture* constitutes one of the prime causes of consumption, at least in the New England States, and perhaps, also, in all other places where the disease prevails.

The axioms which Dr. B. lays down are these:—

"1st. Consumption is not, as some writers have contended, endemic equally in every part of New England; but there are some localities where it is very rife, and others where it is vastly less destructive than in the State at large.

"2d. There is a law, hitherto scarcely noticed, or but vaguely hinted at by one or two individual writers, but, as I believe, never proved until now, which is one of the main causes, if not the sole cause, of this unequal topographical distribution of consumption in New England.

"3d. This law is intimately connected with, and apparently dependent on, *the humidity of the soils*, on or near which stand the towns, villages, or even single houses, where consumption prevails."

The existence of this *law of soil moisture*, as one of the prime causes of consumption in New England, can be proved, Dr. B. thinks, by several lines of argument, resting on actual facts obtained either from public or private records, statistical data, or the opinions of physicians practising medicine in various parts of New England. These lines of proof, or of argument, are drawn from the following sources:—

I. Massachusetts State Registration Reports.

II. Returns made to Dr. B. as a committee of the State Society, in the form of written reports from resident physicians, of one hundred and eighty-three towns.

III. Actual statistics of deaths from consumption furnished by the same correspondents. Some of these statistics are but incidentally mentioned, while others are from towns districted and carefully examined with reference to the relative prevalence of consumption in the different districts. In some of the most important of these, the examination was made, Dr. B. states, without his correspondent or himself being aware of the existence of any law such as that which he presents.

"IV. Peculiarities of certain towns, and of villages in the same townships, in some of which consumption is quite prevalent, and in others much less so; these differences being connected most closely with corresponding differences in the amount of moisture of the soil of said places.

"V. Certain well known houses, which, in various towns, are known by the inhabitants and physicians to have been long noted as the abode of consumption, and in some of which several families have been, during the past fifty years, cut off by the disease, without the least suspicion, on the part of the occupants, of the fatal position in which the houses were placed.

"VI. Confirmatory facts, statistics, and opinions, from Rhode Island, Maine, and New Hampshire.

"VII. The medical statistics given in the Report on the health of the United States Army, strongly supporting the idea of the existence of the same law, and the operation of it over the whole of the United States.

"VIII. Results of Dr. B.'s own practice since he first became convinced of the truth of the law—said results consisting of (*a*) statistics from his private medical records: (*b*) Results actually derived from his choice of localities for consumptive patients, based on a belief in the law."

So far as the evidence goes which is derived from these several sources, and very fully and fairly set out in the report before us, it would seem very certainly to establish the following general propositions, namely, that consumption is not equally distributed over New England; that its greater or less prevalence depends very much upon the characteristics of the soil, on or near which the patients affected with it have resided; and that moisture of the soil is the only known characteristic that, so far as our present investigations have gone, is connected with the consumption breeding districts.

Among the important practical questions and suggestions which naturally arise from the subject as presented by Dr. Bowditch, are the following, which we quote entire:—

"Are there any localities in New England, which, from these investigations, we should deem unfitted for the residence of consumptive patients?

"I believe," says Dr. B., "that all towns, parts of towns, houses even, that *rest on* damp, cold soils, are by that very fact peculiarly liable to the prevalence of consumption. I believe that similar locations *near* wet meadows, rivers, marshes, &c., though less subject to the law, are nevertheless, in a lesser degree, promoters of consumption in the families resident thereupon. Even hills with a clayey subsoil retaining moisture, though not absolutely evil, are less good than a perfectly dry, porous soil, removed from any moisture. I suspect, moreover, that we ought to inquire more particularly than we have heretofore done, as to the exact condition of the cellar of a residence, whether it be wet or dry, even when the surroundings of the residence may seem perfectly good. All these statements I make, not on theory alone, but from actual experience, I think, of their truth, as learned from my professional practice during the past four or five years. Again, on theoretical, but I believe just grounds, I have objected to allowing consumptive patients to reside in houses, *heavily and* closely shaded by trees and vines; because the rays of the sun being prevented from reaching such abodes, dampness and extra coolness are thereby promoted. * * * Following out this idea, I have, at times, thinned out trees around a residence where a family was growing up, and among which one member had already shown signs of tubercular disease."

The next question which suggests itself is: Are there not places a residence in which, according to the investigations before us, will tend to prevent phthisis, or, at least, in which consumption will prevail much less than elsewhere, or possibly not at all?

"I do not absolutely know," Dr. B. remarks, "a single spot in New England, where consumption can be said, by statistics, never to have occurred. In choosing a site for a dwelling house, the great desideratum is to obtain, not a perfectly *arid* place, for no such spot could be inhabited by man, but it should be in a portion of the township which is neither so high as to be exposed to violent gusts of weather, nor so low that moisture will collect around it. Let it be on the side of a hill, or plain, open to the south, and, if possible, defended from the north and east, on a dry, porous soil, through which water freely percolates, and which, even after a rain, retains little moisture. Let the cellar be dry, in which no mould will collect. Such a situation, I believe, on theory (confirmed by my general experience), if it can be found in any town in New England, will be more favourable for the consumptive, and less likely to have consumption appear in it, than another spot, with a different exposure, and having a wet soil."

A third question presents itself: Which are the places which *experience* has shown to be the best for the residence of consumptives?

"There are two distinct classes of townships and localities," says Dr. B., "which I should place in this category. They are either inland towns or islands; eight or ten miles from the shore, and thereby being, in reality, under an oceanic climate. Doubtless, there are many more localities, besides those I shall name, scattered in almost all the inland portions of the New England States. These must be eventually discovered by the registration agents, or by the careful and conscientious investigations of resident physicians. I have had actual experience of the advantages of placing patients at Grantville, a district in the township of Needham; also, upon the drier portions of Sharon and of Canton, and at the Isles of Shoals. All these towns lie about ten or fifteen miles inland, while the islands are about the same distance from the coast. The former have the land; the other the oceanic climate influences. The townships are remarkable for the dryness of their soil, and are generally somewhat elevated. In every one of them, I have had patients improve greatly, and some, whom I believe would have died in low coast or wet inland spots, have recovered or speedily improved from serious symptoms. The patients have all described a decided and peculiar effect, as having been produced on their lungs by the atmosphere of these places, whereby they were enabled to breathe more easily.

"The Isles of Shoals are off Portsmouth, New Hampshire. From the reports of physicians I have little doubt that Nantucket, Martha's Vineyard, and possibly Block Island, lying south of Massachusetts and Rhode Island, must be likewise useful. I am also inclined to believe that Nahant and Winthrop, rocky promontories projecting from the coast, will prove favourable sites.

"It may be objected, that in suggesting an island, I virtually ignore all my previous statements, in regard to the influence of moisture, as a cause of consumption. I answer, 1st. That it is evident that a small island, with an oceanic climate, may, and probably would, produce very different effects on a patient from those caused by a place on low and damp land. Hence, the two places are evidently under wholly different influences. The two spots are not analogous. But 2d. In the places I have named, I, in reality, do not vary from the rule of dryness of the soil, for all of them are either mere rocks, rising out of the ocean, with no marshes near; or they are masses of sand, so to speak, and essentially dry of character. Hence, they do, in reality, fall within the rule—only they have the oceanic atmosphere instead of the land atmosphere, encircling and covering them.

"Whether this is really a correct explanation or not, I am certain that, in many cases of early phthisis, the tonic, clear, soft air of the Isles of Shoals, in summer, has been of immense service. Two patients spent the winter there. In one patient, a crackling throughout the whole of one breast disappeared, which I fear it would not have done had the patient remained in Boston. The winds were violent, but the temperature was less severe than in corresponding places on the shore. These winds will, however, always prevent many from residing at the shoals during the winter, unless, perchance, the inherent healthfulness of the situation, and the superb marine views, that one can enjoy there, should, in some future time, cause a Sanatarium to be erected, properly constructed, to obviate, at least in part, these difficulties."

The subject of Dr. Bowditch's communication is of too great importance, and drawn up with too much care, not to demand for it a careful and candid perusal on the part of every medical man. If the profession generally were to turn their attention to an investigation of the influence of a dry or wet soil on the production or prevention of consumption, a mass of facts would be soon accumulated of incalculable value in directing to a rational treatment of the disease.

After a list of diseased members of the Society, and a series of obituary notices, follows a communication from Dr. A. Ruppaner, of Boston, on the subject of *hypodermic injections* in the treatment of neuralgic and other diseases of the nervous system.

Hypodermic injection, or the application of opiates to the immediate peripheral seat of the pain in cases of neuralgic suffering, has recently attracted considerable attention on the part of several of the British physicians, and of a few upon the continent of Europe. Of the effects of the treatment some of these gentlemen speak in the highest terms of commendation. Patients, they state, who had suffered for days and nights extreme agony from an attack of neuralgia, notwithstanding the use of large doses of morphia, have been known to sink into a state of calm repose within a few minutes after a resort to hypodermic injections. Besides the list of cases of neuralgia relieved by this plan of medication, the records of our profession present the history, also, of cases of paralysis, tetanus, delirium tremens, chorea, continued watchfulness, etc., which are reported as having been successfully treated by the hypodermic method.

In the communication of Dr. Ruppaner the following are the questions discussed: 1st. The requisites for obtaining satisfactory and safe results from the use of hypodermic medication. 2d. The advantages obtained by the treatment. 3d. Its disadvantages. These are followed by the history of 210 cases, treated by hypodermic injections, reported by eighteen physicians and surgeons.

As requisites for obtaining satisfactory and safe results, Dr. R. enumerates the following: *a.* That the case be a proper one. *b.* That a suitable instrument be employed. *c.* That a concentrated solution of the remedy injected be used. *d.* That the quantity of fluid injected be exactly determined and known. *e.* That a proper place be chosen for the injection; and that it be not repeated at short intervals at the same point.

As to the cases most proper for treatment, Dr. R. remarks:—

"As a general rule, it will be found that the curative effect of the operation is most manifest in uncomplicated cases of recent standing, and in those which are most benefited by morphia applied to the blistered surface. Hence, to test the value of the proposed method of relieving the pain, it is essential that the application *in neuralgia* be limited to purely neuralgic affections—where the pain is actually seated in the course of the nerve; and it must, moreover, be remembered, that agreeably to the laws by which nervous action is propagated, the irritation, that is, *the pain*, may be seated *directly on*, or reflected *indirectly on the nerve*, at any point between its extreme peripheral distribution and the point at which it joins the brain."

"If the patient be subject to rheumatism or gout, or infected with a syphilitic taint, or is suffering from gastric and intestinal irritation, or exhibit symptoms of disease of the brain, or if we suspect pressure upon the nerve itself, caused either by a tumour or by thickening of the bony canal through which a branch of a nerve passes, we cannot expect success from subcutaneous injections, except temporarily—unless we use, at the same time, constitutional remedies appropriate to the case. In so far as this can be done, subcutaneous injection, with judicious constitutional treatment, will seldom disappoint the practitioner."

The operation should not be performed when heart disease exists, nor where there is great debility, nor in the very aged.

In respect to the proper instrument to be employed, Dr. R. prefers a screw syringe, giving the exact number of minims used. To the body of the syringe hollow needles of various lengths are attached. The point of the needle is sharp, and perforated on one side by an oblique opening, through which the fluid to be injected is expelled. The finer the needle the better, as there will be then less loss of blood at the time, and less oozing afterwards.

Needles of tempered steel answer every purpose. In using the instrument, a fold of the skin is to be held with the left index-finger and thumb, so as to make the part beyond the fingers tense, through which the point of the needle, held at a right angle with the part, is to be pressed, with a quick, steady movement, and then given such a direction as shall be esteemed best. The injection of the requisite amount of fluid having been effected, and the syringe withdrawn, the escape of the injection is to be prevented by pressure for a moment upon the puncture with the thumb. No adhesive plaster should be applied.

As it is important not to inject a large quantity of fluid lest undue disturbance of the cellular tissue be produced, a concentrated solution of the sedative should always be used for injecting. It is evident that the stronger is the solution we employ, the fewer number of drops is requisite to accomplish the desired result.

Our object being to procure a certain effect with as small quantity as possible of fluid, we should duly consider and accurately determine the dose of the article injected. There should always be an adequate effect produced, still there is danger in producing too great an impression. It is impossible to lay down any general rule as to the amount it is proper to inject. The history of each case must be our guide—age and sex, experience, and the results of tentative experiences being, also, taken into account. Dr. R. offers the following summary as deserving of attention:—

1-2. Chronic cases require a larger dose; while the dose for females ought to be smaller than that for males.

"3. First injections ought always to be smaller than subsequent ones, for the sake of safety. As a general rule, half the ordinary stomachic dose for males, and the third for females, ought to be used.

"4. If the injection has to be repeated, the quantity can easily be increased. In such cases, sufficient time must be allowed to elapse for the effect of the first injection to pass off before the second is given. In 174 cases, reported by 18 different physicians, where the exact quantity injected has been stated, the first injections for adult females vary from $\frac{1}{8}$ to $\frac{1}{3}$ of a grain of morphia dissolved in a few drops of water; for adult males, from $\frac{1}{6}$ to $\frac{1}{2}$ or $\frac{3}{4}$ of a grain of the same. My average minimum dose for females is $\frac{1}{6}$ of a grain, and $\frac{1}{4}$ of a grain for males.

"5. In delirium tremens, mania, tetanus, and paralysis, the quantity first injected may be more powerful than in cases of neuralgia. Large doses of narcotics may be injected with perfect safety in proper cases. Thus, in a case of traumatic tetanus, under the care of Dr. W. Read, of Boston, I injected two grains of acetate of morphia in four operations, one directly after the other, without any ill effects. Dr. Béhier, of France, reports having used $61\frac{1}{2}$ minims of a solution of sulphate of strychnia, in several cases of paralysis, in one injection, and to have repeated the operation six times. In fact, we are hardly as yet aware to what extent this treatment may be carried; further experiments are required to lay down safe and reliable rules."

According to Dr. R., the injection in cases of neuralgia should always be made at the most painful part, which can be easily ascertained by pressure upon the nerve. By this procedure almost immediate relief will, in many cases, be obtained; otherwise, several minutes, often a much longer period, as well as a larger quantity of the narcotic is required to produce the desired effect.

In other cases than those of neuralgia, in which subcutaneous injections have been found beneficial, localization is not a necessary condition to the success of the operation. In reference to the wide applicability of this form of medication, Dr. R. remarks:—

"When all other measures have been tried and failed, as is but too often the case, to bring sleep to the restless patient, harassed by excruciating pain; when the delirious or the maniac actually defies all restraints put into service; when tetanic spasms exclude the possibility of introducing medicines into the stomach; when that member itself refuses any longer to perform its accustomed duties; when rheumatic pain constantly shifts from place to place; in surgical injuries; in puerperal peritonitis; in short, in all those affections where the nervous system at large is affected, where the pain is more or less general, the hypodermic injection of narcotics has been tried, and in all cases the effect was immediate, or nearly so, either quiet or sleep sooner or later supervening."

The advantages of this plan of medication, according to Dr. R. are, (*a.*) The painlessness of its application. (*b.*) The speedinesss of its action, compared with the action of remedies however otherwise administered. (*c.*) Its certainty of action when all other means have been exhausted or rendered useless. (*d.*) The accuracy with which the amount injected can be known, enabling us thus to obtain the whole effect of the known quantity introduced. (*e.*) The greater benefit exerted on the local affection, by bringing the medicinal agent in direct contact with the parts involved in the disease.

The disadvantages by which the treatment is sometimes attended, are thus summed up by Dr. R.: (*a.*) The power of the remedy, and consequently the danger of its being used indiscriminately. (*b.*) The possibility of local inflammation occurring in the part repeatedly punctured. (*c.*) The nausea and vomiting sometimes induced. (*d.*) The possibility of the escape of the injected fluid through the puncture made for its introduction. (*e.*) The pain occasioned by the introduction in some positions of the needle. All of these alleged disadvantages, Dr. R. insists, can be overcome by the proper, careful, and skilful management of the operation.

In proof of the value and general efficacy of hypodermic medication, Dr. R. has collected from the most reliable English, French, German, and American sources 210 cases, reported by eighteen observers, in which it was employed. Forty-eight of these cases were of those treated by himself.

Of these cases 129 were of *neuralgia*, and 81, including 21 of which the reports are deficient in some particulars, were of *general nervous disorders.* Of the neuralgic cases, 55 were sciatic, 37 facial, 14 intercostal, 6 hemicrania, 5 lumbo-abdominal, 4 cervico-brachial, 3 of upper extremities, 1 cervico-occipital.

Of the remaining (81) cases of general nervous disorders, 16 were of rheumatic muscular pains; 10 of delirium tremens; 9 of paralysis (viz., 5 paraplegia, 2 hemiplegia, 1 of lower extremity, 1 of deltoid); 4 of tetanus; 4 of pleurodynia; 3 of chest asthma; 2 of chorea; 2 of continued wakefulness; 1 of pains symptomatic of cancer uteri; 1 of mania; 1 of puerperal peritonitis; 1 of sprain; 1 of dysuria; 1 of wound of the eye; 3 of pains dependent on other affections; cases imperfect in particulars 21.

Of the 210 cases, 114 were cured, 68 relieved, 8 not relieved, and 20 were not heard from. Deduct these latter and we have 190 cases to be accounted for, which sum up as follows:—

" *Cured,* 114 cases, or *three-fifths* of all the cases reported.

"*Relieved,* 68 cases, or a fraction *over* one-third of the whole number of cases reported.

"*Not relieved,* 8 cases, or only *one unsuccessful* case in every 24.

"Or to recapitulate, we have the following result: *Three* out of every *five* patients were cured; that is to say, were free from pain and discharged well, at the time the case was reported. A fraction *less than one* in three patients was relieved from suffering for the time. *One* out of every 24 patients did not derive any benefit at all from the treatment."

As Dr. R. justly remarks, the foregoing result is strongly in favour of the operation. Even though we admit that many of the cases may have been carelessly reported, and were simply relieved instead of being cured, the evidence still preponderates in favour of the treatment.

2. The initial article in the volume of communications presented at the annual convention of the Connecticut Medical Society for 1862, is the address of the president, Dr. Josiah G. Beckwith. The subject discussed is "Medical Progress." The address is highly creditable to its author—whether it be considered in respect to the truthfulness and appropriateness of the sentiments it inculcates, as to the aptness, neatness, and beauty of the language in which these are embodied. The views it inculcates, are, it is true, by no means new. But, although they have been urged upon the notice of the profession and the public again and again, their actual importance, and proper improvement have, heretofore, been almost entirely overlooked and neglected by both.

This address is followed by an interesting series of short biographical sketches, commemorative of some of the early physicians of Norwich, by Dr. A. Woodward, of Franklin.

To this succeeds an account of nine cases illustrative of the prompt and often permanent relief produced by the hypodermic application of narcotics and sedatives in various distressing cases of rheumatism, gastrodynia, neuralgia, obstinate vomiting towards the close of pregnancy, and spasms from a dose of strychnia taken into the stomach. Dr. B. H. Catlin, of West Meriden, by whom these cases are reported, states that, in all cases save one, the relief was prompt, decided, and permanent. In the exceptional case—that of a feeble, broken-down man, 65 years of age, labouring under organic disease of the heart of several years' standing—to control an obstinate vomiting and diarrhœa, less than half a grain of morphia was injected. The vomiting ceased, but the patient began to sink, and died about daylight next morning. Dr. C. ascribes the fatal event to the chronic maladies under which the patient had long laboured. Not half the dose of morphia employed by him in other cases with good effect was injected in this, while the little effect produced by the large and repeated doses of opium the patient had previously taken by the stomach showed that he was not particularly sensible to the impression of opiates.

The "Plastic Constituents of the Blood, their Physiological and Pathological Relations," is the title of the next communication. It is by Dr. L. J. Sandford, of New Haven. A general character of accuracy pervades the facts and doctrine set forth in the communication of Dr. S. It comprises but very few new expositions of the several points involved in the general subject discussed—little that calls for especial comment.

The same remarks hold true, likewise, in respect to the communication which follows the above, "On the Sympathetic Nerve," by Dr. N. G. Hall, of Vernon. Neither of these two papers—though both are sufficiently correct and interesting—is, in our estimation, of a character that should command for it a place in the printed transactions of a State Medical Society. Such transactions should be the medium through which are made known, for the enlargement of the general fund of professional knowledge, the personal observations of practitioners scattered over the face of the country, or facts of general application, drawn from the aggregation and collation of the observations recorded by others, calculated to elucidate the etiology, nature, progress, prevention, and treatment of the diseases most frequently encountered by our physicians. Of course, we should not object to communications giving the result of new investigations regarding the physiology of any part of the human organism, or of a new exposition of the received views relative to the laws of life.

A very good outline sketch of the symptomatology and general features of diphtheria, as it recently prevailed epidemically in different parts of Connecticut, is presented by Dr. G. R. Hawley, of Hartford. It presents no points calling for especial notice.

A report is furnished by Dr. D. Crary, of Hartford, of two anomalous cases of disease, the peculiar feature of which is their close resemblance to each other throughout; so much so that the narrative of one would be that very nearly of the other.

Both patients were males, of steady habits and uniformly good health; both were young and unmarried. Davis, who was driver of a meat cart, was of a sanguine temperament, and weighed 162 pounds. Kazar was of a bilious temperament; he weighed 125 pounds, and worked at Colt's pistol factory. Both boarded at the same house, but were not room-mates.

On Monday, Davis took breakfast and dinner as usual, and worked all day. At night he complained of headache and great chilliness. He took some (so-called) composition powder, and went to bed. Vomited during the night a considerable amount of what his landlady described as "yellow-looking matter" and of orange-peel, and had, also, a natural stool. In the morning, he looked purplish about the face, especially under the eyes; one of his legs presented the same discoloration. Red spots were observed about the face, neck, and breast. Dr. Jackson saw him between 8 and 9 o'clock A. M. He was then very restless, tossing from side to side, and exclaiming, "I'm dying! I'm dying! Can't you help me?" He at first seemed to recognize the doctor, but soon relapsed into unconscious delirium. His tongue had the same appearance it assumes in the semi-comatose state of typhus; extremities cool, not cold; pulse at wrist imperceptible; eyes much injected and prominent; skin of face, thorax, arms, hands, legs, and feet was purple, more intense in some places than in others. Circular spots, from one to three lines in diameter, and somewhat like what is known as blood-blisters, appeared upon the face and neck. The tongue had a dark coating, and the lips and teeth were loaded with similar coloured sordes. Death took place at about 9 A. M. of the same day.

When he heard at noon that Davis was dead, Kazar went into the room where the corpse lay. On his return he seemed much frightened, was pale, and scarce able to stand. At table he ate very little. At 3 o'clock he returned from his work, complaining of cold. During the afternoon he had frequent chills. On going to bed in the evening he took some "composition powder." During the night he vomited great quantities of very dark bilious-looking matter, and had also a natural passage from the bowels. In the morning Dr. Gary found him pulseless, with nearly cold feet and hands, and a furred blanched tongue, similar to what is met with in the last stages of cholera. Petechiæ were scattered over almost the entire surface. His face, hands, and feet, his arms to the elbows, and his legs to the knees, were covered with petechial spots of all sizes from that of a half dime to that of a dollar or over. The face presented a commingling of black and blue welts one or two inches long, as though caused by the blow of a whip. His mind was perfectly clear and calm. He complained of pain of the head over the eyes, with coldness of hands and feet. He stated that on his way home the preceding afternoon he had taken a glass of cider brandy, after which, for a short time, he felt better.

A consultation was had with Drs. Hastings and Jackson, and the patient put on the use of quinine, brandy, and pepper, with hot applications to the extremities. No reaction took place, and the patient died at about 11 o'clock A. M.

The small spots scattered irregularly over Davis's face and neck, of the size each of a No. B shot, appeared after death of a bright scarlet colour; the small spots on Kazar were smaller, not so bright, but more like the petechiæ of typhus fever. Davis, but not Kazar, up to the period of his death, had extreme thirst. Davis lived from the beginning of the attack about fifteen hours, Kazar twenty-one hours.

The history of a case of cerebro-spinal disease is reported by Dr. R. Deming, of Sharon. So far as the facts connected with this case are furnished in the history before us, they are both curious and interesting—it might have been rendered instructive also, had an examination of the patient's body been made after death. As it is, the case furnishes no light to lead us to definite judgment as to the true pathology of any attack, marked by similar phenomena, we might happen to meet with.

The notes of a case of ligation of the external iliac artery are given by Dr. J. W. Lawton, of Naugatuck. The patient received a stab one evening from a long penknife blade in the right thigh, three or four inches below Poupart's ligament, the wound being in a direction upwards and outwards in the line of the adductor longus muscle. From twenty to thirty ounces of blood were lost. A temporary dressing was applied, until the patient was removed to his home; when, as the hemorrhage was nearly arrested, no examination of the wound was made, but merely a compress and bandage were applied. Reaction was established, and the next day the patient, though weak, was otherwise comfortable. The symptoms proceeded favourably for a week. On the eleventh day the patient became restless and uneasy, and a strong arterial impulse was noticed. As Dr. L. bent down to examine the wound, blood gushed from it, in a full stream, to the amount of twenty ounces. By the application of a compress, and a silk handkerchief as a tourniquet, the hemorrhage was completely controlled. Drs. Platt and Hooker were called in consultation. The wound was now thoroughly examined, the clots broken up, and warm water injected, without any return of hemorrhage. The finger passed into the wound detected the pulsation of the femoral artery. Any operation was deemed inexpedient, from the danger attending it—the risk of secondary hemorrhage, and the uncertainty as to what artery was wounded. Pressure alone, by means of a tourniquet and compress, was relied upon. This was watched by faithful assistants, with instructions to increase instantly the pressure should bleeding occur. On the second night subsequently ten ounces of blood were lost.

October 4th, eighteen days after the accident, bleeding occurred at intervals during the day. At 4 P. M., notwithstanding constant pressure was made over the groin, blood would jet out at times, in fine streams, to the height of several inches. The parts had become tender and intolerant of pressure. Ligation of the external iliac was now performed by Dr. Hooker. The wound was dressed with silver wire sutures, adhesive straps, and compresses. Three hours after the operation the patient complained of some pain, and vomited constantly from the effects of ether. A sixth of a grain of morphia directed to be given occasionally. Two days subsequently vomiting unchecked, limb warmer than natural, and so continued for weeks; it was quite tender, patient very restless. Bismuth and calomel ordered. At night pain increased, knee swollen. The patient became more stupid, restless; suffered severe pain; tongue brown, dry, and coated. Morphia discontinued, while milk punch and generous diet were ordered.

Oct. 8th. Patient comatose; knee exquisitely tender, with indistinct fluctuation; pulse 110 to 115. In addition, ten grains quinia per day were ordered, with fomentations to knee. The next day the patient was apparently moribund. The day after, the patient was found to be rational, his limbs cool, pulse 80 and weak. Same treatment continued. By night the pulse was stronger, and all the other symptoms more favourable. From this time the patient gradually improved. The ligatures all came away except one, which remained in nearly four weeks.

During the period of convalescence a swelling occurred at the angle of the lower jaw, on the right side, which increased rapidly, involving the side of the face and neck, extending down upon the chest. It terminated in a large abscess, an incision into which gave discharge to nearly half a pint of pus with sloughs of parotid gland. The discharge continued for several weeks, and the incision healed. The knee now grew worse, inflamed and painful, with an indistinct feeling of fluctuation.

Dec. 10th. The patient was removed to the hospital at New Haven, under the care of Dr. Charles Hooker. From this time his general condition constantly improved; the knee, however, remained flexed and anchylosed.

D. F. C.

ART. XXI.—*Reports of American Institutions for the Insane.*

1. *Of the Pennsylvania Hospital for the Insane, for the year* 1861.
2. *Of the Friends' Asylum, for the fiscal year* 1861–62.
3. *Of the Western Pennsylvania Hospital, for the year* 1861.
4. *Of the Bloomingdale Asylum, for the year* 1861.
5. *Of the McLean Asylum, for the year*, 1861.
6. *Of the Massachusetts State Hospital, at Northampton, for the fiscal year* 1860–61.
7. *Of the Longview Asylum, for the year* 1861.
8. *Of the New Hampshire Asylum, for the fiscal year* 1861–62.

1. SHOULD the progress of the next century, in the province of psychiatry, be equal to that of the century at the termination of which we write, the problem of The Perfect Hospital for the Insane can hardly fail of being solved. In this remark we allude not alone to the minor details of organization, classification, discipline, and the diversified means for the administration of a perfect moral treatment, but to the great primary question of the character of the hospital as it regards the sexes, and the duration of the disease of its patients. The Germans have tried almost every form of hospital in these respects, without, hitherto, arriving at unanimity of opinion upon the subject; but, so far as our knowledge extends, they have *not* tried that which has recently been adopted at the *Pennsylvania Hospital for the Insane*—the intermingling of both recent